

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Angelo DiFelice Jr, MD

Mailing Address 15410 Treyburn Manor View

City	State	Zip Code
Milton	GA	30004

FEC ID number of contributing federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

Transaction ID : 6797575

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daryll C Dykes MD, JD, Ph

Mailing Address 4840 Park Ave S.

City	State	Zip Code
Minneapolis	MN	55417

FEC ID number of contributing federal political committee.

C

Name of Employer

Twin Cities Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : 6797839

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Randeep S Kahlon MD

Mailing Address 206 Hockessin Cir

City	State	Zip Code
Hockessin	DE	19707

FEC ID number of contributing federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : 6798971

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►